

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044601

STATE FILE NUMBER

Registration District No. 383

Primary Registration District No. 5655

Registrar's No. 342

FILED NOV 26 1963

DO NOT WRITE
ON THIS STUD

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MARION</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MOUNT VERNON</u>		Length of stay in lb <u>56 days</u>	c. CITY OR TOWN <u>HANNIBAL</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MISSOURI STATE SANATORIUM</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>713 PARIS AVE</u>
3. NAME OF DECEASED (Type or print) First <u>CARL</u> Middle <u>ELMER</u> Last <u>MASON</u>		4. DATE OF DEATH Month <u>NOV.</u> Day <u>15</u> Year <u>1963</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-3-83</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GROCERY WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FLOWER (ELIZ)</u>	9. AGE (last birthday) <u>81</u>
11a. FATHER'S NAME <u>ALFRED LYNN MASON</u>		11b. MOTHER'S MAIDEN NAME <u>FLOWER (ELIZ)</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>ALFRED LYNN MASON</u>		14. NAME OF HUSBAND OR WIFE <u>EDNA ELIZ.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>HOSPITAL RECORD - MO. STATE SAN. MTLERDYM</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ACUTE MYOCARDIAL INFARCTION</u> DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u> DUE TO (c) <u>UNKNOWN</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>PULMONARY TUBERCULOSIS, FAR ADVANCED, ACTIVE</u>			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
20c. TIME OF INJURY Hour <u>9:45</u> a.m. p.m. Month, Day, Year <u>SEPT. 20, 1963</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Center, MO.</u>	
21. I attended the deceased from <u>SEPT. 20, 1963</u> to <u>NOV. 15, 1963</u> and last saw him alive on <u>NOV. 15, 1963</u> Death occurred at <u>9:45</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Herman Langerhuth M.D.</u> (Degree or title)		22b. ADDRESS <u>MO. STATE SAN. MT. VERNON, MO</u>	
22c. DATE SIGNED <u>11-15-63</u>		22d. LOCATION (City, town, or county) (State) <u>Center Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>11-15-63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Oliver Cemetery</u>		23d. LOCATION (City, town, or county) <u>Center Mo</u>	
24. FUNERAL DIRECTOR <u>HERMAN Langerhuth - Springfield, Mo</u>		25. DATE REC'D. BY LOCAL REG. <u>11-21-63</u>	
26. REGISTRAR'S SIGNATURE <u>Roy Langerhuth</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

DEC 2 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

James T. Swadley

Licensed Embalmer No. 4815

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.